

**MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET**  
(FOR USE WITH FORM PTO-875)

SERIAL NO.

**10/509095**

FILING DATE

**Winston Alvarado**  
**Paternal Stage Processing**  
**Paternal Specialist**  
**(2023 375-8821)**

APPLICANT(S)

**CLAIMS**

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT			AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.	IND.	DEP.
1	/		/				51						
2		/		/			52						
3		/		/			53						
4		2		/			54						
5		2		/			55						
6		2		/			56						
7		0		/			57						
8		0		/			58						
9		0		/			59						
10		0		/			60						
11		0		/			61						
12		0		/			62						
13		0		/			63						
14		0		/			64						
15		0		/			65						
16		0		/			66						
17		0		/			67						
18		0		/			68						
19		0		/			69						
20		0		/			70						
21		0		/			71						
22		0		/			72						
23		0		/			73						
24		0		/			74						
25		0		/			75						
26		0		/			76						
27							77						
28							78						
29							79						
30							80						
31							81						
32							82						
33							83						
34							84						
35							85						
36							86						
37							87						
38							88						
39							89						
40							90						
41							91						
42							92						
43							93						
44							94						
45							95						
46							96						
47							97						
48							98						
49							99						
50							100						
TOTAL IND.	1	↓	1	↓		↓	TOTAL IND.		↓		↓		↓
TOTAL DEP.	28	←	23	←		←	TOTAL DEP.		←		←		←
TOTAL CLAIMS	29		24				TOTAL CLAIMS						